Purpose A tool designed to screen for the most common sleep problems in children, the CSHQ consists of 33 items for scoring and several extra items intended to provide administrators with other potentially useful information about respondents. The instrument evaluates the child's sleep based on behavior within eight different subscales: bedtime resistance, sleep-onset delay, sleep duration, sleep anxiety, night wakings, parasomnias, sleep-disordered breathing, and daytime sleepiness.

Population for Testing The CSHQ has been validated with children aged 4–12.

Administration Parents should be able to complete the pencil-and-paper form within 10–15 min. A self-report version for children aged 7 and up is also available upon request from the developer's Web site: www.kidzzzsleep.org/

Reliability and Validity Developers evaluated several psychometric properties of the questionnaire [1]: Internal consistency ranged from .68 to .78, test-retest reliability fell between .62 and .79, sensitivity was .80, and specificity was .72.

Obtaining a Copy Questionnaires are available free from: www.kidzzzsleep.org/

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Scoring Parents are asked to indicate the frequency with which their child has engaged in certain sleep-related behaviors over the last typical week. A response of "Usually" indicates that the behavior has occurred from five to seven times; "Sometimes" means it has happened two to four times in the last week; and "Rarely" indicates that the behavior was observed once at the most. Scoring involves assigning values from 1 to 3 to responses. In most cases, "Usually" obtains a score of 3; however, some items are reversed in order to ensure that respondents are reading questions carefully and that responses are truthful. Though developers have not established norms for the scale, they determined that a total score of 41 points makes an effective cutoff for screening purposes as it correctly identified 80% of the clinical sample in their initial psychometric study.

Child's Sleep Habits
(Preschool and School-Aged)

_____
Coding

The following statements are about your child's sleep habits and possible difficulties with sleep. Think about the past week in your child's life when answering the questions. If last week was unusual for a specific reason (such as your child had an ear infection and did not sleep well or the TV set was broken), choose the most recent typical week. Answer USUALLY if something occurs **5 or more times** in a week; answer SOMETIMES if it occurs **2-4 times** in a week; answer RARELY if something occurs **never or 1 time** during a week. Also, please indicate whether or not the sleep habit is a problem by circling "Yes," "No," or "Not applicable (N/A).

Bedtime

Write in child's bedtime: _____

	3 Usually (5-7)	2 Sometimes (2-4)	1 Rarely (0-1)	Problem?		
Child goes to bed at the same time at night	☐	☐	☐	Yes	No	N/A
Child falls asleep within 20 minutes after going to bed	☐	☐	☐	Yes	No	N/A
Child falls asleep alone in own bed	☐	☐	☐	Yes	No	N/A
Child falls asleep in parent's or sibling's bed	☐	☐	☐	Yes	No	N/A
Child falls asleep with rocking or rhythmic movements	☐	☐	☐	Yes	No	N/A
Child needs special object to fall asleep (doll, special blanket, etc.)	☐	☐	☐	Yes	No	N/A
Child needs parent in the room to fall asleep	☐	☐	☐	Yes	No	N/A
Child is ready to go to bed at bedtime	☐	☐	☐	Yes	No	N/A
Child resists going to bed at bedtime	☐	☐	☐	Yes	No	N/A
Child struggles at bedtime (cries, refuses to stay in bed, etc.)	☐	☐	☐	Yes	No	N/A
Child is afraid of sleeping in the dark	☐	☐	☐	Yes	No	N/A
Child is afraid of sleep alone	☐	☐	☐	Yes	No	N/A

Sleep Behavior

Child's usual amount of sleep each day: _____ hours and _____ minutes
(combining nighttime sleep and naps)

	3 Usually (5-7)	2 Sometimes (2-4)	1 Rarely (0-1)	Problem?		
Child sleeps too little	☐	☐	☐	Yes	No	N/A
Child sleeps too much	☐	☐	☐	Yes	No	N/A
Child sleeps the right amount	☐	☐	☐	Yes	No	N/A
Child sleeps about the same amount each day	☐	☐	☐	Yes	No	N/A
Child wets the bed at night	☐	☐	☐	Yes	No	N/A
Child talks during sleep	☐	☐	☐	Yes	No	N/A
Child is restless and moves a lot during sleep	☐	☐	☐	Yes	No	N/A
Child sleepwalks during the night	☐	☐	☐	Yes	No	N/A
Child moves to someone else's bed during the night (parent, brother, sister, etc.)	☐	☐	☐	Yes	No	N/A

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Sleep Behavior (continued)

	3 Usually (5-7)	2 Sometimes (2-4)	1 Rarely (0-1)	Problem?		
Child reports body pains during sleep. If so, where?	☐	☐	☐	Yes	No	N/A
Child grinds teeth during sleep (your dentist may have told you this)	☐	☐	☐	Yes	No	N/A
Child snores loudly	☐	☐	☐	Yes	No	N/A
Child seems to stop breathing during sleep	☐	☐	☐	Yes	No	N/A
Child snorts and/or gasps during sleep	☐	☐	☐	Yes	No	N/A
Child has trouble sleeping away from home (visiting relatives, vacation)	☐	☐	☐	Yes	No	N/A
Child complains about problems sleeping	☐	☐	☐	Yes	No	N/A
Child awakens during night screaming, sweating, and inconsolable	☐	☐	☐	Yes	No	N/A
Child awakens alarmed by a frightening dream	☐	☐	☐	Yes	No	N/A

Waking During the Night

	3 Usually (5-7)	2 Sometimes (2-4)	1 Rarely (0-1)	Problem?		
Child awakes once during the night	☐	☐	☐	Yes	No	N/A
Child awakes more than once during the night	☐	☐	☐	Yes	No	N/A
Child returns to sleep without help after waking	☐	☐	☐	Yes	No	N/A

Write the number of minutes a night waking usually lasts: _____

Morning Waking

Write in the time of day child usually wakes in the morning: _____

	3 Usually (5-7)	2 Sometimes (2-4)	1 Rarely (0-1)	Problem?		
Child wakes up by him/herself	☐	☐	☐	Yes	No	N/A
Child wakes up with alarm clock	☐	☐	☐	Yes	No	N/A
Child wakes up in negative mood	☐	☐	☐	Yes	No	N/A
Adults or siblings wake up child	☐	☐	☐	Yes	No	N/A
Child has difficulty getting out of bed in the morning	☐	☐	☐	Yes	No	N/A
Child takes a long time to become alert in the morning	☐	☐	☐	Yes	No	N/A
Child wakes up very early in the morning	☐	☐	☐	Yes	No	N/A
Child has a good appetite in the morning	☐	☐	☐	Yes	No	N/A

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_____
                                                                    Coding

Daytime Sleepiness

	3 Usually (5-7)	2 Sometimes (2-4)	1 Rarely (0-1)	Problem?		
Child naps during the day	☐	☐	☐	Yes	No	N/A
Child suddenly falls asleep in the middle of active behavior	☐	☐	☐	Yes	No	N/A
Child seems tired	☐	☐	☐	Yes	No	N/A

During the past week, your child has appeared very sleepy or fallen asleep during the following (check all that apply):

	1 Not Sleepy	2 Very Sleepy	3 Falls Asleep
Play alone	☐	☐	☐
Watching TV	☐	☐	☐
Riding in car	☐	☐	☐
Eating meals	☐	☐	☐

Reference

1. Owens, J. A., Spirito, A., McGuinn, M. (2000). The Children's Sleep Habits Questionnaire (CSHQ): psychometric properties of a survey instrument for school-aged children. *Sleep, 23*(8), 1043–1051.

Representative Studies Using Scale

Owens, J. A., Maxim, R., McGuinn, M., Nobile, C., Msall, M., & Alario, A. (1999). Television-viewing and sleep habits in school children. *Pediatrics, 104*(3), e27.

Liu, X., Liu, L., Owens, J. A., & Kaplan, D. L. (2005). Sleep patterns and sleep problems in schoolchildren in the United States and China. *Pediatrics, 115*(1), 241–249.